San Carlos Apache College

MAINTENANCE WORK ORDER REQUEST

Date Submitted		Date Completed	
Department		Building/Location	
Requestor Name		Phone Number	

Description of Maintenance Issue

_____

_____

_____

Maintenance Department Use Only

Received By		Assigned To	
Priority	☐Low ☐Medium ☐ High ☐Emergency	Start Date & Time	

Work Performed / Notes:

_____

_____

Department Sign-Off: _____ Date: _____

Please submit all receipts with completed work orders.

Revised: 6/23/2026

ORIGINAL to Operations